



**Testimony of D'Shane Barnett, Executive Director
National Council of Urban Indian Health
House Interior Appropriations Subcommittee's Native American Witness Day
March 27, 2012**

Introduction

- Hello, I'm D'Shane Barnett, Executive Director of the National Council of Urban Indian Health, also known as NCUIH. On behalf of the 36 NCUIH member organizations and the 160,000 Urban Indians that our programs serve annually, I appreciate the opportunity to provide testimony for the House Interior Appropriations Subcommittee's Native American Witness Day.

Recommendations

- This year NCUIH would like to make two recommendations regarding the critical challenges facing our health programs.
 - First, NCUIH requests additional funding for the Urban Indian Health Program line item. Funding for the Title V line item currently stands at 42.9 million dollars. This is estimated to represent approximately one quarter of the total health care need faced by Native people living in urban areas. For the past two fiscal years, the breakdown of the Congressional appropriations process and relentless pressure to cut spending has resulted in two consecutive years of reductions to the Urban Indian Health Program Line item. These reductions threaten our base funding and limit our ability to provide services to American Indians and Alaska Natives living in America's cities. The FY2012 IHS budget eliminated nearly 1 million dollars in grant funding that our urban communities relied upon for Health Promotion/Disease Prevention, Sexual Assault/Domestic Violence prevention, Elder Health, Long Term Care, Children and Youth Care, and Women's Health. These cuts have forced our programs to cut back services and lay off staff. In addition, the challenges posed by health care reform will require all of our programs to acquire the staff and resources necessary to bill private insurance offered through State Exchanges, and public insurance like Medicaid, Medicare, and CHIP. Cuts to state budgets and limited grant opportunities make our base Title V funding even more important during these difficult times. In light of the imminent challenges facing Urban Indian Health Programs from health care reform, the bleak budget environment on both the state and federal level, and new census data that shows that 64% of American Indians and Alaska Natives live in urban areas, NCUIH respectfully requests an increase

to the Urban Indian Health Program line item of \$15 million dollars, bringing total funding to \$58 million dollars. This increase is needed to

- offset the loss of both federal and state grant opportunities
 - to compensate for the loss of state funding given relentless state budget cuts
 - to enable all our programs to access third-party insurance dollars as Health Care Reform is implemented, and
 - to remedy the long-standing underfunding of the Urban Health line item.
- Second, NCUIH calls attention to the precarious situation faced by our five Residential Treatment Centers, or RTCs. RTCs promote healing and wellness in the American Indian community by providing a continuum of substance abuse prevention, treatment, and recovery services that integrate traditional American Indian healing practices and state-of-the-art substance abuse treatment methodology. RTCs offer a variety of culturally competent services, such as talking circles, sweat lodges, and crafts. Traditional medicine and traditional healers are available to our patients. Many of our RTC patients do not reside in urban areas, but travel to our programs because of the quality of the services we provide and the holistic and traditional medical care we can offer.
- Our RTCs create an environment of cultural appropriate support for patients that are seeking to recover from drug and alcohol additions. By integrating patient medical care into a structured social support network, RTCs assist patients in recovering from their illnesses and rehabilitating their lives. RTCs reduce overall health care costs by helping people get back on their feet, recover from their addictions, return to their jobs, stay off public assistance, and form positive relationships with the community.
 - Unfortunately, Residential Treatment Centers are facing an onslaught of budgetary challenges that threaten their continued existence.
 - In the past, some of our RTCs have relied on State funding to augment modest funding from the Indian Health Service. But as States are forced to make cuts in service due to budget shortfalls, residential treatment has been frequently targeted for elimination. For example, in Portland the cuts being proposed by the State of Oregon could reduce up to \$1.25 million dollars in funding to RTCs. In Seattle, cuts already took place in November 2011, resulting in a 50% loss of long-term funding, a reduction of 10 beds at Thunderbird Treatment Center (TTC), and layoff of residential treatment staff. TTC is expecting to lose another 10 beds totaling approximately \$700,000 in lost revenues within the past year.
 - State health care reform and budget shortfalls could eliminate and/or drastically reduce state contracts for adult and family alcohol and drug residential treatment. Additional changes to Medicaid could further reduce access to mental health and health services for residential clients.
 - NCUIH estimates that 5 million dollars in funding would assist these RTCs in surviving the next few critical years of state budget cuts and preventing hundreds of AI/AN patients from losing care which is

desperately essential to their health and well-being. Of the 15 million dollar increase requested by NCUIH for FY13, NCUIH would like 5 million dollars of this amount to be directed toward assisting our RTCs during these difficult times. Due to the nature of residential alcohol and substance abuse treatment, it takes a great deal of time and financial investment to establish a successful RTC program. If our RTCs are forced to close, the health benefits and the community services provided by RTCs are likely to disappear many, many years. The patients previously cared for at RTCs will go without residential treatment, ultimately straining public assistance budgets and increasing overall health care costs.

Conclusion

- Once again I would like to express my thanks for the opportunity to testify at the House Interior Appropriations Subcommittee's Native American Witness Day. Since the inception of the Urban Indian Health Program in 1976, Congress and the Administration have repeatedly recognized that American Indians and Alaska Natives live in urban centers as a result of the Federal Termination and Relocation policies. The Urban Indian Health Program is the tangible expression of the trust responsibility to provide health care to American Indians **regardless of where they reside**. This is a solemn promise between the United States federal government and American Indian/Alaska Native people. Urban Indian Health Programs provide high quality, culturally competent care to our communities in fulfillment of this promise.
- Funding for the Urban Indian Health Program line item has fallen far short of the parity required to keep up with medical inflation, and falls even shorter still of the full funding required to address the health care needs of the Native people living in urban areas. Even if the 58 million dollar figure suggested by NCUIH were appropriated by Congress, this would still amount to only \$362 per patient served. NCUIH respectfully requests your support for long-delayed funding increases in order for our programs to carry out their mission of serving American Indian and Alaska Native people regardless of where they reside. The changes brought about by implementation of the Affordable Care Act – including the need to implement third-party billing systems - as well as the desperate situation faced by our urban programs and RTCs as a result state budget shortfalls – requires a renewed commitment to the sustainability and survival of our Title V Urban Indian Health Programs. On behalf of our 36 member programs, I thank you for your continued support.